THE

MEDICAL AND SURGICAL REPORTER.

No. 648.] PHILADELPHIA, JULY 31, 1869. [Vol. XXI.—No. 5.

ORIGINAL DEPARTMENT.

Communications.

HOSPITAL GLEANINGS.

By Jas. B. Burnet, M, D.,

Of Newark, N. J.

(Continued from page 49.)

No. II.

1. CASE OF TRAUMATIC GANGRENE.

The patient, Thomas Muller, æt 50, was admitted to Bellevue Hospital, on April 15th. On the 11th inst. he had fallen twenty feet and struck upon his nates in a sitting posture, after which he was carried to a house near by, and remained in bed during the following two days. On the 14th, he walked over two miles to his home. On admission, his pulse was 90, and of tolerable strength. The scrotum and perineum were swollen and gangrenous; the surface of his body from the pelvis to the sternum was very emphysematous. He complained of pain over the hypogastrium. He had urinated just before the fall, but had passed no urine since, a period of 4 days. A catheter was passed, and about four ounces of high-colored urine drawn off. Supposing the bladder to be ruptured, and the gangrene of the scrotum due to infiltration of urine, the parts were freely incised and treated with antiseptic poultices. The man died during the night from asthenia. The *post mortem* was made by order of the Coroner, eight hours after death.

The superficial fascia from the pelvis to the umbilicus was black and gangrenous, and emitted an offensive gas, which had produced the inflation of the areolar tissue already mentioned. The muscles subjacent were healthy. The peritoneal cavity presented nothing abnormal.

The kidneys were moderately congested The bladder and urethra were carefully dissected out and critically examined, but no trace of rupture could be discovered, and all present were satisfied that no rupture either of bladder or urethra had occurred. No urinous odor, moreover, could be detected, and it was now recollected that none had been present in the gangrenous tissues before death.

The probable solution of the entire case was that the scrotum, an organ of less vitality than the adjacent tissues, received at the time of the fall a contusion, which destroyed the vitality of its tissues, and the blood contained therein. The extravasated blood, together with the parts themselves, rapidly underwent decomposition, producing the gases which had become diffused throughout the areolar tissue, and hence the emphysema.

It was certainly singular that no symptoms of uræmia presented themselves after suppression of four days.

11. ATHEROMATOUS CONDITION OF ARTERIES IN CASE OF GANGRENE.

E. D., æt. 74, was admitted to Bellevue Hospital on May 12th, with dry gangrene of the right foot and leg, extending to the knee. About twenty years since she had rheumatism first, being subject to slight attacks ever since. As often she recovered without cardiac difficulty, and during the intervals was well. Is married, and has perfectly healthy children. The gangrene commenced about five weeks before admission. It was preceded for several weeks by severe pains in the foot and leg. At present the gangrenous parts are cold and black, the integument dry and smooth, and when percussed gives a sound similar to that produced by striking the skin of bacon. There is no line of demarcation,

and the skin for three inches above the gangrene is cold and very painful, though of the normal color still.

She complains of pain along the tibia. The odor is gangrenous, but not very offensive. Her countenance is exceedingly anæmic, and the cellular tissue is everywhere infiltrated with serum. The action of the heart is feeble, irregular, and indistinct; the pulse can be felt at both of the radial arteries, and at the posterior tibial of the opposite leg. She has no arcus senilis. Anodynes given—she continued to suffer great pain at the junction of the gangrenous and healthy tissues, the gangrene slowly extending, preceded by the three inches of cold skin (which was mottled) until May 24th, when she died.

AUTOPSY 36 HOURS AFTER DEATH.

Slight deposit of tubercle at the apex of the left lung. The mitral curtains, aortic valves and the entire inner aspect of the aorta, were studded and nearly whitened by atheromatous deposits, and in many places the living membrane was wanting. Replaced by a material of ossific hardness. The right primitive iliæ was firmly plugged with a fibrinous material. The vessel at the bifurcation of the aorta presented a complete ring of the atheroma, which extended over half an inch, rendering the artery firm and inelastic. A little below this a segment was black as if from gangrene. The plug extended down the artery into the popliteal region where the vessel ended, being involved in a slough, which occupied this region. The posterior and interosseous arteries were found with some difficulty, and a wire passed into them. They were collapsed, but as far as could be seen were in a healthy condition. The arteries of the left thigh and leg were atheromatous, but pervious. A peculiarity of the gangrene in this case, is that it was found not to extend below the integument. The fascia and muscular tissue was found of normal color and consistence, without any odor peculiar to gangrene. The kidneys were hob-nailed and fibrous. The liver was large and very fatty, and in it was a cyst of the size of a hen's egg, containing an oily fluid, which was found under the microscope to be full of cholestrine.

III. CASE OF CANCRUM ORIS.

T. C., æt. 4 years, admitted May 31. On admission, found as follows: On the outside of the left cheek there was an unhealthy, sloughing, ulcer—circular in form—of an inch and a half in diameter, and from one-fourth to one-half inch in depth. This ulcer was connected with extensive ulceration on the inside of the same cheek, by a narrow line of ulcerated surface extending around through the angle of the mouth, cutting back the angle about one-fourth inch. The ulcerations on the outside and inside of the cheek were still separated by a thin wall of muscular tissue. The ulceration commenced on the inside of the mouth. The general appearance of the child was remarkably good. Forty-eight hours after admission, this partition of muscular tissue had entirely sloughed away, exposing the inside of the mouth to full view. The lower edge of the opening extended to the base of the alveolar process of the lower jaw. This process itself was unaffected. The alveolar process of the superior maxilla was denuded of its periosteum and mucous membrane, and the bony structure was much affected. One tooth had fallen out, and the others were held merely by the closure of the lower set against them. The superior maxilla was denuded an inch and a half antero—posteriorly, and upwards to its orbital process. At this point the ulcerating process became limited by healthy granulations, and the excavations in the soft parts began to fill up.

In seeking for the cause of the disease in this case, it was found that the child had been complaining for two weeks previous to admission, and had taken, by order of his physician, powders of some gray substance, for four successive nights. On the fourth day the father discovered the ulceration commencing on the inside of the mouth. It seems right to conclude that the disease was caused solely by the administration of *mercury*—as the description of the powders is that of Hyd. cum creta.

Treatment consisted in tonics, and potassæ chlorat. internally and locally, under which treatment she rapidly recovered.

SUCCESSFUL OPERATION FOR ARTIFICIAL HIP JOINT,

By A. J. Erwin, M. D.,
Fort Wayne, Indiana.

REPORTED BY DR. RENNER.

Miss Murphy, aged seven years, daughter of P. S. Murphy, Esq., Lagro, Indiana, was the subject of hip disease (morbus coxarius). The discharge of pus which had been abundant during the three previous years, ceased in December, 1866, under the careful treatment of Dr. Tobey, who employed various appliances for the extension of the limb,

which, previous to his taking charge of the case, had contracted to so great a degree as to fix the thigh closely upon the trunk, in which position it was permanently held by a strong anchylosis of the hip joint.

For the relief of this deformity, DR. ERWIN was consulted, who, with the assistance of Dr. TOBEY and myself, operated on the 15th day of November, 1867. Having administered chloroform, extension was made with sufficient force to test the great strength and osseous character of the anchylosis.

Two incisions were then made exposing the posterior surface of the great trochanter at its union with the neck and shaft of the femur, from which point he excised transversely an obtuse section of the bone, without dividing its anterior surface, which served to preserve the opposition of the parts during subsequent treatment. After thorough cleansing, the limb was extended to its normal position (without tenotomy) the integument was closed by sutures, and adhesive strips.

The patient was then put to bed on a solid mattress, and a weight suspended to the limb to preserve extension, cold water dressings were freely applied, and used when necessary to allay pain or fever. Twenty (20) days from date of operation, the soft parts having entirely united passive motion (antero-posterior) of about eight inches at the knee, was made, and continued once daily by the attendant, until she was able to exercise the limb, by which process bony union was prevented, and a new articulation formed on the plan apparently of the original joint. In six weeks time she walked with the assistance of crutches. Six months later she abandoned crutch and cane, with fair control of the new joint. The limb at date of operation was much smaller than its mate. Since, although one inch short, it has gained its proper proportions, with not only due antero-posterior, but also several inches lateral motion. At this date she can run as fast as other girls of her age, without impediment, her movements being strong, agile, and graceful, there being no deformity, nor lameness.

A CASE OF PELVIC CELLULITIS AND ABSCESS.

By J. CHITWOOD, M. D.,
Connersville, Indiana.

I was called on the evening of the 18th of May, 1869, to visit Mrs. S., a lady of education and intelligence, æt. 51, neuro-lymphatic temperament, found her in a decided *rigor*, and suffering excruciating pain in the region of the hypogastrium. The extremities and surface were quite cold, and the pulse scarcely perceptible at the wrist. A mustard cataplasm was at once ordered to be placed on the abdomen, heat applied to the extremities, and diffuse stimulants freely administered—under this treatment I soon had the pleasure of much relieving my patient from the pain, and partially establishing reaction.

May 19. The patient rested some during the past night and felt comparatively comfortable this morning, but reaction had not taken place to a satisfactory extent, pulse 100, extremities and surface cool. The only symptoms complained of was a "bearing down" sensation in the region of the uterus, and some degree of difficulty experienced in micturating, an examination per vaginam was made, which revealed a decided retro-version of the uterus, but to our surprise we found the slightest effort to replace the organ accompanied with great pain; therefore but little effort was used to accomplish the reduction, and it was decided to await a time more favorable to the operation.

A laxative of cit. mag. was ordered, and warm fomentations advised to be constantly applied to the abdomen.

May 20th. The patient was taken with vomiting to-day, which greatly aggravated the abdomoinal pain. I was sent for, but not being at home at the time, my father, Dr. G. R. Chitwood, Sen., of Liberty, Indiana, was telegraphed for; he produeed free action from the bowels, by repeating the cit. mag.

May 21st. Found my patient feeling rather comfortable; continued the warm fomentation, and ordered.

℞. Ext. val. fluid.,
Ext. hyosc. fluid., aa f℥ss M.
A teaspoonful, *pro. re nata.*

May 23d. Was sent for this morning on account of a troublesome tenesmus, and tornius which had annoyed the patient all night; ordered mucilaginous enemata with tr. opii, and continued the other treatment.

I will here state that the symptoms, and treatment, were the same, with but little variation from this time up to

June 15th.. At which time a small tumor was detected rising from the superior brim of the pelvis, immediately above the symphisis pubis. An examination, per vaginam, revealed only a feverish condition of the lining mem-

brane, but no tender point was discovered in addition to the treatment of the surface. The abdomen was penciled over with equal parts of tinc. of iodine and alcohol, and a liberal diet allowed the patient. * * * *

June 19. This afternoon I was informed by the lady's husband that while she was using the urinal she passed a large quantity of matter resembling pus. I at once repaired to her residence, and found her entirely free from the pain which had been continually present in various degrees of intensity for thirty-five days. On examining the vessel, it was found to contain about four ounces of urine, and near one pint of purulent fluid—this matter readily sank in water, and formed clouded flakes under the heat test. The matter continued to be voided with the urine for several days, but in less quantities, and finally disappeared entirely. My patient has been slowly convalescing, but a hardened sensation is imparted to the touch, extending over the lower portion of the abdomen.

The lady informed me that she had worn an *external truss* for several weeks before her illness, and to that cause—no doubt correctly—attributes her sickness. I report the above case from the fact that the disease is of rare occurrence in country practice, and the termination of the abscess, by rupture into the bladder, is of still less common occurrence.

A CASE OF TUMOR IN THE BRAIN.

By Jos. D. Lomax, M. D.,

Medical Superintendent Marshall Infirmary, Troy, N. Y. Read before the Rensselaer County, N. Y., Medical Society.

Michael Forrester, admitted into the Marshall Infirmary Dec. 1st, 1868, aged 23 years, born in Ireland, single, laborer, habits good.

It would seem from the history which this patient gave of his case, that in one of the engagements during the last year of the late rebellion he was struck on the head with a fragment of shell. The blow rendered him senseless, but he recovered within an hour from the effects of the accident, and returned to the ranks. From that time until the March previous to his admission to our wards his general health was good, he experienced no pain or other unpleasant sensations in his head. But about that time, namely: March '68, he began to suffer from headache, which grew more and more severe until finally he was compelled to abandon work.

When he came to us he presented the following symptoms: His face had a bloated and dissipated appearance; the pupils were widely but evenly dilated; he complained that there was a "scum" over the eyes; the pulse was rather slow, but regular and of fair strength: the skin was unnaturally cool, dry and rough; his appetite was poor, and he had lost much flesh; his bowels were obstinately constipated, and never moved without the aid of medicine; pain in his head, which was almost constant, and at times very intense; and when asked to locate the distress he placed his hand over the posterior lobe of the right hemisphere of the brain, where he said the shell had struck him; and he walked with an unsteady gait; he seemed dull and not inclined to converse, and answered my questions in as few words as possible, but quite promptly.

There was no apparent change in Forrester's condition for several weeks. He kept his bed, getting up only when compelled to do so; and he laid on his back most of the time, with his eyes closed, apparently listless and indifferent to what was going on about him. As an indication of this apathy the following incident is related: One day his bedstead broke down under him throwing him in a very uncomfortable position, and though he was awake at the time he did not seem to notice it.

New symptoms now gradually developed themselves. There were spasms of the muscles of the limbs. He grew more restless; he would get up every day and walk up and down the ward for a few minutes. He was disposed to talk, but his ward companions said he never joined in any conversations that might be going on,—his remarks always had reference to some other matter. His intellect seemed to fail; he was more forgetful. He would take his food, and in a short time afterwards ask for something to eat, saying he had not had anything to eat for a long time. He would ask for tobacco when he had some in his mouth which he had put there but a moment before. He forgot the way to the water closet

As the case progressed these symptoms increased in severity. The spasmodic actions of the muscles of the limbs became more frequent and aggravated. He complained that he could not put his hand on anything without his shaking all over. Occasionally this symptom subjected him to unpleasant results. The flexons of the forearms would suddenly contract and draw those limbs towards the body,

and the hands at the same time were rotated. This movement would frequently happen when he had something in his hand, and if it happened to be a bowl or glass, the contents were emptied into his lap. His mind grew more confused. He frequently failed to recognize his fellow patients, and at times did not seem to appreciate his feeble condition. He would say to those around him that he should leave the hospital in a day or two, and commence work again; and express regret that they were not enjoying the same degree of health. His pulse became more frequent—about eighty-five beats to the minute. For a short time after his admission the actions of the heart grew less frequent, not averaging more than sixty pulsations. The pupils continued widely dilated, and the stimulus of light affected them very feebly.

But there was no difference in the degree of dilatations in the two eyes. His appetite became ravenous; he consumed large quantities of food, and complained because the nurse would not give him more. He vomited a dark green substance, small in quantity and of uniform consistence. On the 10th of January strabismus of the left eye was for the first time noticed, and it remained a permanent symptom to the termination of the case. The eye turned inward. The convulsive actions of the muscles continued to increase, and the more severe paroxysms were so violent the other patients spoke of them as "fits," but they were merely contractions of the muscles and were momentary in duration, when quite a long interval occurred. He was always conscious of their presence, and if he had a glass or bowl in his hand at the time, he would call for some one to take it from him. He did not complain so much of headache in this stage of the disease—sometimes he would be free from pain for 54 hours, that is if his statements can be relied on. On the morning of 16th of January he complained of feeling "dead and heavy," but no marked change was noticed in his condition. About an hour afterwards he was seized with a convulsion, and died in four hours afterwards.

The patient continued to take his usual walks about the wards until the morning of his death. His gait grew more unsteady, and he would occasionally fall or stumble, and when he did so, it was always forward. Towards the last he would sometimes sit up in his chair and talk cheerfully to those around him, and even joke with them. His bowels never moved but once without the assistance of a cathartic.

The brain was examined 24 hours after death. At a small point over the posterior lobe of the right hemisphere, the membranes adhered to the bones above, but were easily detached. Their under surface was adherent to the brain for the space of nearly eight square inches. The vessels supplying this portion of the meninges were numerous, and some of them quite large. A small portion only of this space could be detached from the cerebral mass. The other adhered firmly to a cheesy-looking substance, which dipped into the brain to the depth of over an inch. The shape of this mass resembled somewhat two cones, the base of one running into that of the other. The outer portion of it was soft and easily broken down, leaving a granular surface. The inner portion was firm, and considerable force was required to tear it with the handle of the scalpel. There was no enveloping membrane. The surrounding brain tissue was softer than that corresponding on the opposite side, and the convolutions were entirely obliterated. There was very little fluid in the right lateral ventrical, the walls of that cavity being in almost close contact. That part of the calvaria covering this abnormal growth, presented nothing unusual beyond a little roughness, perhaps due to pressure.

——Portable Illuminations.—M. Alvergniat, a French electrician, has made an improvement first suggested to him when using the tubes invented by Giessler, which are cylinders or bulbs of glass filled with rarified gas that becomes luminous in the dark when a current of electricity is passed through it. The improvement consists in filling a glass cylinder or phial, hermetically sealed, with a substance which becomes phosphorescent by the action of the frictional or static electricity. A tube of this kind may be of some service to those on night duty, for all that is requisite to produce a feeble and ephemeral light is to rub the tube briskly with a silk handkerchief.

——Death from Rattlesnake Bite.—A young man named Joseph Wagner, living in Charlestown, West Virginia, professed to have the power of charming snakes. Last week, having captured a rattlesnake, he was giving some friends an exhibition of this power. After fondling the snake for a time in his arms, he threw it on the ground and switched it until it writhed with rage. He then took the reptile up in his arms again, and saying "Are you mad? Kiss me and make up," he put its head in his mouth. The snake bit his tongue, and he died in about an hour afterward.

EDITORIAL DEPARTMENT.

Periscope.

Report on the Treatment of Delirium Tremens.

[Continued from p. 78.]

QUEEN'S HOSPITAL, BIRMINGHAM.—The following is Dr. Fleming's treatment of delirium tremens: The patient is placed in bed. All harshness or restraint, unless absolutely necessary, is carefully avoided. Tranquility and a free supply of pure air are secured. The face, neck, and arms are sponged from time to time with tepid water. As a drink, Carrara water or toast and water is given freely. For a diet, the patient has at first milk and strong beef tea alternately every four hours, and gradually, as the appetite improves, chicken, mutton, etc., until the stomach can accept the ordinary food. Alcoholic stimulants in every form are stopped at once and entirely. If there be any manifest symptoms of faintness, the following is prescribed:

℞. Ætheris chlorici (Duncan and Flockhart), spiritus ammoniæ aromatici, sing. ʒiij; tincturæ lavandulæ comp. ʒiv; spiritus vini gallici ʒx. Two drachms for a dose, in a wineglassful of water, every two or four hours, according to circumstances.

The further addition of alcoholic poison having been stopped the objects of treatment are: 1. To eliminate the poison already in the blood; 2. To control its effects; 3. To favor convalescence. To promote elimination by the skin and kidneys, the following mixture is given:

℞. Spiritus ætheris nitrosi, liquoris ammoniæ acetatis, sing. ʒv; sodæ phosphatis, sodæ et potassæ tartratis, sing. ʒv; aquæ ad, ℥xx. M. Two ounces every four hours, two hours before meals.

Should an active purge be indicated, Dr. Fleming gives the colocynth and hyoscyamus pill, with from half a grain to a grain of the acetic extract of colchicum. The second object of treatment, that of controlling the effects of the poison, is attained by the administration of a mixture of ten drachms of dilute phosphoric acid with twenty drachms of tincture of hops. Of this two drachms are to be taken every four hours, one hour before food, in a large wineglassful of water. This helps to sustain the patient, and lessens the feeling of depression. At bedtime the following draught is ordered:

℞. Tincture cannabis ♏xxx ad lx; liquoris morphiæ acetatis, ♏xv ad lx; spiritus ætheris nitrosi, ʒi; aquæ pimentæ ad ℥ij. M.

This seldom fails to induce sleep. This medication is pursued until convalescence is established, when the tonic regimen is strictly enforced, including good food, pure air, cold bathing, with zinc and iron as blood tonics. This treatment has furnished very good results, and Dr. Fleming considers that it compares most favorably with other modes of cure.

ABERDEEN ROYAL INFIRMARY.—Dr. Harvey has long since abandoned the practice of treating delirium tremens with heroic doses of opium, and of using much restraint with the jacket. His treatment of it has been, on the whole, "expectant"—letting the patient alone, giving him plenty of food, and moderate exercise in the ward or out of doors, if in a condition for it. He is inclined, however, to think that, from his knowledge of the *calmative* action on the nervous system of bromide of potassium in full doses (twenty to thirty grains, repeated daily, at short intervals), this article of materia medica will be found to prove a valuable remedy in the graver forms of the disease.

EDINBURG ROYAL INFIRMARY.—Dr. Laycock has treated a considerable number of cases. The following notes have been kindly compiled and sent us by Dr. David Ferrier, his late clinical assistant. In all cases of delirium tremens, Dr. Laycock insists at the outset on perfect quiet. The hands and face are washed; the room kept cool and fresh, but not cold. No mechanical restraint of any kind is attempted. Food is given, of a quality and kind suited to the state of the stomach. At first it is often refused; in which case it is administered in a concentrated form (beef tea, etc.), in small quantities, at intervals of one or two hours. If the breath smell of drink, and there be reason to think that the patient is laboring under an overdose, a gentle emetic is prescribed. In other cases emetics are not employed. In the majority of cases there is stomachic or biliary derangement. In some, food is vomited, or, if retained, causes pain, because of the congested and inflamed state of the mucous membrane of the stomach. In such cases, a pill containing a third of a grain of nitrate of silver, a third of a grain of hydrochlorate of morphia, and a sixth of a grain of calomel, gives great relief and lessens the desire for stimulants. In cases of constipation and hepatic congestion, podophyllin, calomel, colocynth and hyoscyamus, castor oil, etc., are ordinarily used. Podophyllin seems to have good effect. The following formula has been used by Dr. Laycock with advantage: Two grains of extract of podophyllin, and a scruple each of compound cinnamon powder and extract of hyoscyamus, with a sufficient quantity of mucilage; the mass to be made into four

pills, and one to be taken every six hours till the bowels are moved. In the majority of cases no other method of treatment is adopted than rest, nutrients, and purgation if necessary; and the method is followed by complete success. A favorable termination is expected, independently in most cases of active remedies, in from four to fourteen days. The average duration of treatment is six days; and such also seems to be the result of cases treated more lately by Dr. Sanders according to the expectant method. Medicinal agents are used, with the purpose of favoring the natural tendency to recovery. The effect of drugs used to this end cannot in many cases be satisfactorily determined, since it is difficult to eliminate, from the influence of the drugs employed, the share due to diet and regimen, and that due to nature. It seems probable, that they exercise an influence over the intensity of the symptoms, although they may not either cause sleep or shorten the duration of the disease. The indications for the employment of alcoholic stimulants are drawn from the condition of the patient. When food has not been taken for several days, and the hallucinations are of a frightful or distressing kind, and especially when the pulse is very quick and feeble, the first sound of the heart heard indistinctly, the tongue coated, œdematous, and indented at the edges, wine and brandy may be administered medicinally with advantage. Except in such cases of protraction, alcoholic stimulants are not employed. Great caution, Dr. Laycock thinks, should be shown in the administration of opium and its salts. It is never given in cases which indicate any tendency to serious encephalic lesion or insanity. These cases are characterized by a tendency to aggressiveness, where the notional delusions predominate over the hallucinations of the senses, and where the state of the pulse and nervous system indicate the sthenic rather than the asthenic type of delirium. It is not always easy to determine beforehand when opium tends to induce greater prostration and distress. Generally, however, the patient is of a nervous habit, with a florid complexion, or at least has had, and is of a neuro-vascular diathesis. When not contraindicated by these conditions, opium is sometimes administered with advantage, but never in more than ordinary doses; and regard is always had to the effect of the drug in exciting contraction of the pupils. The want of sleep is often the result of a morbid apprehension of sleepless nights; and, in such cases, a placebo, administered with the assurance that it is a powerful hypnotic, is often successful. Where there is great exhaustion, and morphia is inadmissable, camphor in from two to three grains every three hours, or the carbonate of ammonia combined with camphor and hyoscyamus, often prove useful. Cases intolerent of opium or stimulants of the sthenic type, and especially where there are some inflammatory complication, as pneumonia, are successfully treated by small doses of tartar emetic. Dr. Laycock has not much experience of digitalis. From the results of several cases treated by Dr. Sanders, in the Royal Infirmary, Edinburg, with half-drachm doses of the tincture of digitalis three times a day, it has proved beneficial. All the cases treated in this way were severe cases, and all recovered speedily. The administration of the drug was discontinued when the pulse became moderate and the signs of delirium had abated. The average duration of stay in the hospital was seven days. Chloroform has been employed in very violent cases with advantage—viz.: in those cases where great exhaustion would follow continued raving and struggling; thus demonstrating the patient's powers of recovery.

Per the Scarification of the Gums of Infants in Dentition.

At a meeting of the Edinburgh Obstetrical Society, in March, this important question was discussed at length by Dr. CAIRNS, (Edinburgh *Medical Journal.*) He spoke as follows:

Is scarification in dentition productive of any beneficial result? If it is so, in what do its good effects consist? The advantages alleged to accrue from the operation, as contained in the several works which I have consulted, may all be summed up in the following:—the relief of local pain; and, second, the prevention and arrestment of convulsions, laryngismus stridulus, diarrhœa, etc., etc.

1. Scarification, according to its supporters, relieves local pain. Conceding, meanwhile, that this assertion is true, let us inquire into the grounds on which the assertion rests. Now, it certainly cannot rest on the declaration of the little patients on whom the operation is performed, because they have not yet acquired the power of speech—a circumstance, indeed, which renders the treatment of the diseases of children in general of a very difficult and unsatisfactory nature, preventing them, as it does, from correctly indicating either the precise seat of their sufferings, or the actual effects of the remedies employed. Well, if the allegation is not, and cannot be founded on the ground I have mentioned, it must, in these circumstances, be altogether, and entirely of an inferential character. Now, the value of inferences is purely determined by the character of the data from which they are drawn. If the data are true, the inferences may be valid, or they may not; but if the data are not true, the inferences must, as a matter of course, be utterly worthless. In the present case, then, what are the data from which it is inferred that scarification is productive of relief from pain? These data will, I think, be found, on inquiry, to consist in the tense, tumid, and congested condition of the gums. The matter stands thus: the gums, in the process of dentition, being in

a tense, swollen, and inflamed state, are painful; and by relieving the tension, tumidity, and congestion, by means of incisions, you thereby relieve pain. This, I opine, is a correct and fair statement of the case. Well, now, I demur entirely to the alleged fact that, in the *ordinary* process of dentition, the gums are either tense or swollen. It is quite true that there exists over the site of the approaching tooth an evident fulness; but this condition is caused, in all ordinary cases, by the presence of the tooth itself. The tissue overlying the tooth is not put into a state of strain by the tooth, as the term tensity would lead one to suppose. No such thing: against such tension nature makes full and ample provision, by causing the superjacent gum to undergo gradual absorption in proportion to the growth of the tooth itself. The tooth is not *pushed* up, it *grows* up; and as *it* increases in growth, so do the overlying tissues become absorbed, thereby rendering tension impossible. Neither is there swelling in the ordinary sense of that term, because nature guards effectually against the infiltration of serum, by causing the growth of the tooth to be sufficiently slow, so as to give the vessels concerned abundant time to accommodate their calibre to the circumstances by which they are surrounded; and if a true swelling does in any case actually form, that is to be regarded simply as an accidental occurrence, and to be treated, of course, as it would be in ordinary circumstances; but it is in nowise essentially connected with the process under consideration. If, therefore, there is neither tension nor tumefaction, scarification is useless as a means of relieving pain, so far as regards the alleged disturbing influences of these two conditions. But what of inflammation? Simply this, that by abstracting blood from an inflamed part, you do not in the least degree either reduce or modify the inflammation. The part continues to be as red, as hot, and as painful as before. Nor do I hold it of much consequence to be told that the child has become more quiet after the operation, and must therefore have obtained relief by its means; because, unless its advocates are prepared to prove the result to be invariable—which they are not—I am fully entitled, in the circumstances, to assume, that such relief may have followed in spite of the operation, just as many patients have been found to recover from certain diseases in spite of the very questionable treatment to which they may have been subjected.

2. Scarification is alleged to prevent and arrest convulsions, etc., etc.

Now, as a prophylactic remedy, the operation can only be admissible under certain conditions:—1st, On the ascertained fact that convulsions are an invariable accompaniment of dentition; 2d, That the operation uniformly, or at least generally, prevents their occurrence. The question, therefore, is, do these conditions hold? I affirm they do not, and on the following grounds: because convulsions, so far from always co-existing with the process of dentition, do so, in reality, in a very small proportion of cases. They constitute, in fact, not the rule, but the exception. And further, the object sought has, in general, not been attained; convulsions have just as frequently followed as they have preceded incision of the gums. So much for the preventive; and as regards the alleged curative agency of scarification, several questions naturally suggest themselves:—

(1.) Does it necessarily follow that dentition is the real exciting cause of the convulsions, merely because the latter happen to be concurrent with the former? Every one, I dare say—even the most zealous advocate of the operation, would unhesitatingly answer in the negative, when the question is put in this pointed and direct manner.

(2.) A second question which suggests itself is, Has a recurrence of the convulsive fits, which happen to take place during dentition, always been prevented by scarification? An affirmative answer to this question would justly be held quite conclusive, at least as regards the particular circumstances referred to; but, unfortunately, I have not been able to find any one, within the compass of the research which I have made, who ventures to give the desiderated answer.

(3.) And this brings us to a third question, viz., Whether, in those cases in which convulsions have ceased after the application of the lancet to the gums, the use of this instrument is to be regarded as the real procuring cause of their arrestment? Now, I do not by any means venture to say that it is not. This were too audacious by a great deal; but I do say, and without the least hesitation, that there exist more abundant data from which to give an answer in the negative, than there do from which to give one in the affirmative. What, we ask, are the grounds on which the scarificator is employed? Because, say its advocates, after being applied, convulsions occasionally do not recur. And that is really the only answer which can be given. Very good; but when they are again asked, if they can affirm with certainty that the use of the lancet has been the actual and sole means of stopping the convulsions, they feel obliged to be somewhat more cautious in the answer which they give. Their reply then is, It may be, or it may not be—we cannot absolutely say which. Well, in these circumstances, we must be excused for expressing our humble opinion that the greater probability is, that it has not been so; first, because the use of the lancet has just as frequently been followed by the *recurrence* of the convulsions as by their *discontinuance;* second, because their non-recurrence may have been a *mere matter of coincidence, and nothing more.*

The same arguments which have been employed in the convulsions apply equally to the other diseases which I have mentioned as concurring with

dentition, and, therefore, I may pass them over without further notice, merely adding that, although diarrhœa is perhaps one of the most common concomitants of dentition, it seems somewhat strange that scarification should be so seldom practised, or even recommended for arresting that most debilitating of all the ailments to which infants are liable.

II. Having considered the beneficial, I now proceed to notice, in the second place, the prejudicial effects of scarification.

1. And here I allege, in the first place, that it is injurious, because it impedes the process of dentition. During the last few days, I have asked several professional brethren with whom I have come in contact, who approve of the operation in question, for what reason they do so? And the gist of the answer which I have received from each has been this: "Because," say they, "the lancet does, at one stroke, what nature would require a considerable time to let the tooth through." And this quite accords with what we find in some of the books. Now, we aver the opposite. We aver that the use of the lancet, instead of rendering dentition more easy, makes it, in reality, more difficult. And here we must observe that, in scarifying the gums, three different modes have been recommended—1st, by making a single incision; 2nd, by making a crucial incision; and 3d, by making an elliptical incision, and removing that portion of the gum which overlies the tooth. Well, if either of the first two methods is adopted, in nine cases out of ten you have speedy reunion of the lips of the wound, thereby leaving matters exactly as they were before. If, as recommended by some, you go on repeating the incisions, you have just the same result following; thus rendering it extremely difficult for us, at least, to perceive how the approach of the tooth can be facilitated in the least degree by these means; while, at the same time, the hard cicatrix which has been formed, must require longer time to become absorbed as the tooth approaches, than the soft natural tissue of the gum. If the wound heals by ulceration—and by this process it must do so, when the third method is employed—you do certainly obviate thereby the absorption of the gum, and thus seem to assist nature. But this, after all, is more apparent than real; because absorption is undergone not only in that portion of the gum which lies over the summit of the tooth, but also in the portions towards its sides—portions, be it observed, which are left altogether untouched. But even although these portions were also removed, the truth of our averment would, in our opinion, be only strengthened thereby; and in this way, because you would thus expose a greater portion of the tooth to atmospheric influence—premature exposure to which, by the removal of its natural covering, would give a material check to its growth and development. Consider, also, that by the operation, simple though it seem, you give a greater or less shock to the nervous system of the infant—and it is universally admitted that an infant at this period is in a state of high susceptibility; that you excite more or less inflammation, thereby increasing the suffering and irritability of the little patient; that you cause the loss of a certain quantity of blood, of which a child is highly intolerant, and particularly those children on whom the operation is performed, being generally of delicate and strumous habits; that you aggravate the painful condition of the gums, thereby rendering suckling a difficult operation, and preventing the infant from obtaining a proper supply of nourishment. Consider, we say, these circumstances, and the injurious effects which they must necessarily produce on the general constitution, and through it on the growth of the teeth, rendering that process, as they must do, unusually tedious and slow.

2. We allege, in the second place, that it may lead to fatal hæmorrhage. We are not in a position to state how often this result has followed from the operation; but if all the cases which have occurred had been recorded, and were collected, they might be found to amount to no inconsiderable number. At all events, it is well known that such cases have occurred, and, indeed, it is only very recently that a case of this nature was reported to this Society by one of its members. To this, however, it may be objected—1st, That in those cases in which the child has died from loss of blood, the incision may have been made too deep; our reply is, that the incision its recommended to be made deep, so deep as to reach the tooth. 2d, It may be objected, that fatal cases may only have occurred in those children which happened to have the hæmorrhagic diathesis; we answer, that even although this were granted, you cannot discover whether this diathesis is present or not, until you make the incision, when the discovery is too late. 3d, It may also be objected, that the risk alluded to occurs so seldom that it needs not act as a deterrent; to this we reply, that the untoward result under consideration having happened even once or twice, renders it at least possible that it may also occur in the very case on which you are about to operate; and, moreover, should it do so, and should you tell the parents, on inquiry, that you were aware that such an event might possibly occur, I rather fear that the parents would not hold you altogether blameless in the matter, and that they would bear you a secret grudge ever after.

3. I allege that it tends to perpetuate a custom which, to say the least of it, is of a doubtful character. Probably one of the main reasons why the operation is so generally performed is, not in reality from the good effects which are expected to ensue from it, but because it is usually done in such circumstances. Others do it, and in order not to appear singular or culpable, I must conform to the general practice, whether the issue should prove

prove favorable or the reverse. In this way did the treatment by blistering, bleeding, and violent drugging become transmitted from generation to generation to generation—age after age—producing, as it is now universally allowed to have done, the most direful results. And in the same way has been handed down the operation in question, which, though uncertain, and doubtful in its results, continues to be in high favor and general use as a time-honored custom. On this point, however, we do not enlarge, but proceed, as was proposed, to inquire,

III. If, in the circumstances, scarification is justifiable? We allege that it is not. 1. Because it inflicts unnecessary pain. The objection, observe, is not grounded on the fact that pain simply is caused to the child. Such an objection were absurd; because, although the medical practitioner holds it to be one of his prime functions to relieve pain, in many cases he can only fulfil that function by employing remedies which are themselves of a pain-giving nature. But this is not the question. The question is, am I warranted in employing a remedy which, so far as can be ascertained, does not relieve the pain which it is intended to do, and which remedy is itself painful both in its application and results? I maintain that, in these circumstances, I am not justified in doing so, and particularly when I remember the effects which scarification on one occasion produced in my own person. For it so happens, that when, some years ago, my last wisdom-tooth was making its appearance, the late Professor Miller, at my own urgent request, applied the lancet over it; but the result was, that instead of experiencing relief from the operation, it kept me, on the contrary, in a state of the most extreme suffering for days to come; the remedy, in short, having proved a thousand times worse than the disease.

2. It superinduces some of those very conditions which it professes to remedy. I allude, in particular, to tension, tumefaction, and inflammation, the relief of which, it will be remembered, was alleged as a reason why scarification should be performed. Inflammation it must and cannot but excite; because, in virtue of a well-known physiological law, wherever you occasion a breach in living tissue, more or less inflammation results in order to repair the breach which has been made. Again, in an inflamed part there is always more or less swelling, owing to the pressure upon the veins, which causes the exudation of serum into the surrounding cellular tissue. And, lastly, there is tension; because, whether the scarified part heals by the first or second intention, there is, in either case, contraction of the tissue, and consequent tension, if an unyielding structure like the tooth lies underneath.

I shall not be so bold as to affirm that scarification actually excites convulsions; but, considering the extreme sensitiveness of the gums, and the highly nervous condition of the child in some cases of teething, I do think that that operation is abundantly sufficient to act as an exciting cause of them.

Results of Physical Training.

Dr. ALLEN, in an article on Physical Culture in Amherst College, gives the following as the results of introducing gymnastic exercises:

1. There has been a decided improvement in the very countenances and general physique of students. Instead of the pale, sickly and sallow complexion once very commonly seen, with an occasional lean, care-worn and haggard look, we now witness very generally, fresh, ruddy and healthy countenances, indicative of a higher degree of vitality, and that the vital currents, enriched by nutrition and oxygen, have a free and equal circulation throughout the whole system. This change is so marked as to attract the attention of the casual observer, and has been commented upon by those formerly attending Commencements or other public occasions here, as exhibiting a striking difference between the personal appearance of students at those times, and, that at the present day.

2. In the use of the limbs and the body,—in the physical movement and conduct of students generally, there has been, we think, decided improvement.

3. The practice of gymnastics *in concert* is calculated to beget personal sympathy, cheerfulness and buoyancy of spirits. The fact that a large body of students go through with precisely the same exercises together, at the same time and under the same general influences,—and these exercises continued for years,—creates a peculiar kind of sympathy, of interest and affection. In some respects it resembles the common practice of large companies eating and drinking together as expressive of their mutual goodwill and friendship.

4. We come now to consider what has been the effect more directly upon the health of the students, and the sanitary condition of the Institution. It is needless to state how many students formerly impaired or broke down their constitutions for want of sufficient exercise, or from irregular or excessive hours of study, or from some improper habits, or for want of suitable attention to diet, sleep or some other physical law. Perhaps the effects of violated law were not always visible at the time, and did not apparently impede the college course, but the seeds *were here sown* which afterwards brought on disease and premature death, or crippled the energies and limited the usefulness through after life. This may still happen; but with such exercise and instruction as can now be obtained it is not near so likely to occur.

5. A comparison of the present health of students with what it was ten or fifteen years ago, shows a surprising improvement. It is rare now for any

student to break down suddenly in his health, or to be compelled to leave college on this account.

6. But the evidence of improved health does not rest wholly upon individual opinions, or upon loose comparisons. Since 1861, a register has been carefully kept of the kind and amount of sickness in college, an analysis of which presents some striking facts. No student placed upon the sick list, unless he is detained two consecutive days from the usual exercises of the Institution. The number of students reported sick ranges in the course of the year from twenty-five to sixty, showing a far greater amount of sickness in some years than others, which depends very much on the fact, whether some epidemic prevailed, or whether the year, as a whole, either on account of the whether or from some other cause, was not generally unhealthy. If allowance is made for this extra sickness in two of the years out of the eight, the register shows that the actual amount of sickness in college has diminished in these eight years more than *one-third*. That is, in the year just closed, there were only *two-thirds* as much sickness as in 1861, the year when gymnastics were introduced.

7. But the most marked evidence of improved health is found in the diminished sickness of every class each year after entering college. In a tablegiving the amount of sickness arranged by classes, it seems there has been for these eight years, on an average, *more than three times* as much sickness in the *Freshman* Class as in the *Senior* Class.

On Emetine.

M. J. LEFORT has published in the *Journal de Pharmacie*, quoted in the *Pharmaceutical Journal*, some researches on the preparation, properties and composition of emetine, the active principle of ipecacuanha.

This substance was first isolated by Pelletier and Magendie, and its properties afterwards more fully described by Pelletier and by Dumas. These chemists recommended the extraction of emetine to be effected by decomposing the compound of the base present in the ipecacuanha with calcined magnesia; the alcoholic solution, filtered through animal charcoal, deposits the alkaloid in the form of a white or grey substance, possessing all the vomitive property of the ipecacuanha. Several other processes have since been published, and, in 1853, M. Leprat applied to the isolation of this base the method indicated by M. Rabourdin, for the elimination of atropin and other alkaloids. He stated that by treating the alcoholic extract of ipecacuanha with chloroform and caustic potash, he had obtained from 100 grammes of powdered ipecacuanha, between 6 and 7 grammes of emetine, but he added that other samples of the drug had not furnished so large a quantity. M. Lefort gives a decided preference to this process of M. Leprat, although it occupies a long time in its performance, but he does not find it possible to obtain so large a proportion of pure alkaloid as that chemist indicates. From his own analysis he concludes that ipecacuanhas of Brazil and New Grenada do not contain more than one per cent. of pure emetine.

The following is the method of operating recommended by M. Lefort: The powdered ipecacuanha is exhausted by percolation first with alcohol of 86 degrees (sp. gr. 846), and then with alcohol of 56 degrees per cent. (proof spirit); the united tinctures are distilled to recover the spirit, and the residue is evaporated by a water-bath to a syrupy consistence.

This extract, which contains the emetine in combination with a peculiar organic acid, the ipecacuanhic acid, of which M. Willick has described the composition and properties, is poured into a well-stoppered bottle, and, for every 100 parts of powder which has been operated on, two parts of caustic potash dissolved in a little water are added together with a volume of choloroform nearly equal to that of the mixture. As the emetine is very soluble in potash, and as the alkaline solution readily absorbs oxygen from the air, the flask in which the reaction takes place should be always completely full. The mixture is strongly agitated, and then allowed to repose for several days; the chloroform which forms at first a species of emulsion by the agitation, slowly separates, and at last collects at the bottom of the vessel. It is then removed by a pipette, and replaced by a fresh quantity. The alkaline liquid may be consdered to be exhausted when the choloroform comes away colorless, or almost so. The chloroform solutions are then mixed and distilled to recover the chloroform. The residue in the retort is deep brown, and is composed principally of emetine and a resinous matter, which, according to the experiments of Pelletier and Magendie, is not emetic. These two substances are separated from each other by treatment with a weak acid, which dissolves only the alkaloid. The solution is afterwards decomposed by the quantity of solution of ammonia exactly necessary to precipitate the base; any excess of the precipitant must be avoided, because emetine is slightly soluble in ammoniacal water. The emetine is thus deposited as a voluminous greyish powder, which may be collected on a filter, after being sufficiently washed by decantation. It still contains a minute quantity of resinous matter, which may be removed by digesting in ether. After this operation, the alkaloid remains in a state of great purity.

Dried at a temperature of 50 degrees C., emetine, when perfectly purified, is a very light whitish powder without smell, and of a bitter taste. It fuses at a temperature of 70 degrees C., and then forms a brown transparent mass. Exposed to the air it colors slightly brown, but it does not attract moisture and liquefy, as stated by Pelletier and Magendie. At 15 degrees C., distilled water dissolves 1-1000th

of its weight, and the resulting solution always possesses a yellowish tint, and an alkaline reaction. Concentrated alcohol and chloroform dissolve it in all proportions, but it never crystallizes by the evaporation of these vehicles. Ether and the fatty oils dissolve it only in very small quantity. Caustic potash and soda freely dissolve it, and the solutions rapidly absorb oxygen from the air. Caustic ammonia does not dissolve it in such quantity, but nevertheless a notable quantity is taken up. Mixed with lime or magnesia and exposed to the air, it soon acquires a saffron-yellow tint. Hydrochloric, sulphuric, phosphoric, and acetic acids are easily saturated by emetine, producing uncrystallizable compounds very soluble in water. Nitric acid, on the contrary, possesses the remarkable property of forming with emetine a nitrate which is very slightly soluble in water. This compound is very voluminous at first, but gradually agglutinates to a tenacious, brown, uncrystallizable mass. 100 parts of water at 15 degrees C. dissolve one part of this salt. This insoluble nitrate, which may be produced by double decomposition between the acetate, chloride, or sulphate of emetine and nitrate of potash, forms the most distinctive character of emetine. Tannin abundantly precipitates emetine from its aqueous, alcoholic, or saline solutions. Solutions of iodine furnish with this alkaloid compounds very little soluble in water. Bichloride of mercury and iodohydrargyrate of potassium produce white compounds, insoluble in water and soluble in alcohol. The double salt formed with chloride of platinum is, on the contrary, soluble in water, and but very slightly so in alchhol. Emetine is also precipitated by molybdate of ammonia, and its salts are decomposed by basic acetate of lead.

The analysis of emetine by Pelletier and Dumas in 1823 led to the formula $C_{30}\ H_{22}\ NO_3$, but as this base does not form crystallizable salts, its saturating power was not determined. . M. Lefort has therefore made several analyses of some of the salts of emetine for the purpose of ascertaining the true rational formula. Sulphuric and hydrochloric acids were carefully saturated with very pure emetine; the solutions, which were neutral to litmus paper, were evaporated and dried over lime and sulphuric acid. The resulting salts assumed the form of brownish friable transparent substances without any trace of crystalline form. The analyses of these compounds has led M. Lefort to double the numbers given above, and to write the formula of emetine as $C_{60}H_{44}N_2\ O_{18}$.

Diseases of House Painters.

The *British Medical Journal* says:

Owing to the impossibility of keeping paint from coming into contact with the skin whilst they are at work; owing to the almost universal practice amongst them of touching their food with unwashed hands; and to the habit of some of them of wearing corduroy, fustian, and other clothes difficult to cleanse, Painters absorb large quantities of the hurtful metal, and suffer gravely in consequence. An attack of colic may occur now and again, and the painter will recover; but if he continue to follow his trade, the more serious diseases—paralysis or kidney-disease—are almost certain to attack him at last, and to render him, if not entirely unable to work, so weak and prostrated, that in mental as well as physical power he will be but as the ghost of his former self. It is seldom that such workers are killed in early life; they lose power early, and soon become unable to perform a good day's work, but they drag through their labor for many years, suffering always from general weakness. From the time that lead has contaminated their bodies, their lives are wearisome and joyless.

In 1860-61, there were registered in England the deaths of 2,425 plumbers, painters, and glaziers. Of these, there were 73 between the ages of ten and and twenty; 153 between twenty and twenty-five; 348 between twenty-five and thirty-five; 470 between thirty-five and forty-five; 518 between forty-five and fifty-five; 450 between fifty-five and sixty-five; 293 between sixty-five and seventy-five; 109 between seventy-five and eighty-five; and 13 above eighty-five years.

Cases like the following are not unfrequently met with in practice.

A painter, aged twenty-nine, admitted as a patient under our care, stated that he had followed his trade for nine years, and that he began to suffer from lead-poisoning in the summer previous to his admission. For some days, he had intense debility and so much giddiness that he was unable to walk through the streets. He always had "low spirits," and was seldom free from water-brash. There was no local palsy of any kind; but slight constitutional paralysis and albuminuria existed; his gums had a characteristic dark grey leaden line where they joined the teeth.

A master-painter, accustomed "to use the brush occasionally," was under our treatment at the beginning of the year for general dropsy, associated with albuminuria, and nearly complete suppression of urine. The pericardium contained fluid, and the heart was much embarrassed in its action. He, too, had worked at his trade for many years, and now felt the effects of the metal, for the first time, in the acute renal disease which threatened his life.

These cases are sufficient to show that even those men who have worked amongst lead and its compounds for many years without suffering from the diseases produced by lead, insomuch as their constitutions are sufficiently strong in the early years of their trade-life to resist or to cast off the poison, yet feel its influence even after a very lengthened period,

when, it might be thought, they would have become habituated to the metal and hardened to their work.

Since lead is so dangerous a metal to work with, it is most desirable that all efforts to substitute other materials should meet with attentive consideration.

Different substances have been used instead of lead in the manufacture of paint, and with an encouraging amount of success. Zinc has been employed, and we have had favorable reports of it; the silicate of iron has also been used. The zinc is thinner than other paint, and workmen do not like it on this account, but in all other respects it is, we are told, as useful as leaden paint.

There are compulsory regulations with regard to the ventilation of workshops in the potteries, now placed under Governmental supervision; and workpeople are prohibited from taking their meals in the workrooms. The periodical cleansing of worksheds is also enjoined.

We would suggest that all workers among lead should, before commencing or resuming their work, wash their hands, not once, but many times a day, in a strong decoction of oak-bark, the tannin of which would not only harden the skin, but would protect it against the action of lead. We endorse the precautionary measures that have already been suggested, and urge that the hair of the workmen should be kept short.

All painters should wear, during their work, clean cloth caps. All their clothes should be made of materials that can be easily washed.

The workman's hands should always be washed before he touches his food; and, if they be stained with paint, they should be dipped into the oak-bark decoction.

The mouth should always be well rinsed with cold water before food is taken. We would suggest the use of weak oak-bark decoction as a wash several times a week.

The food should contain a large proportion of fatty substances. Milk should also be taken in large quantities.

The body should be sponged night and morning with cold or tepid water, and the hair should be washed thoroughly every evening after work.

When men or women are exposed occasionally to the fumes of lead, folded muslin, or a handkerchief, should be placed over the mouth; the outer layer of the band having been previously soaked with oak-bark decoction, and then rung out.

The use of iodine drinks has been suggested; but the *habitual* use of iodine is undesirable. We hold that this substance should be used solely as a medicine when symptoms of lead poisoning have actually commenced, and then it should be given under medical supervision.

Cottage Hospitals.

Sir James Simpson advocates this form of hospital. In a discussion in the *British Medical Journal* he says:

According to Mr. Coote, there is not room for such hospitals in London, though they may be "possible in America." They would be indubitably greatly cheaper in building and administration than palatial edifices. Nor would they occupy so much space as many seem to suppose. For, in constructing several blocks—whether of one, or two, or three, or four storys—the buildings, according to architectural rules, I am told, require to be placed at a distance from each other measuring once and a half, at least, the perpendicular height of their side walls. Hence many more structures of one story in height could be placed upon the same piece of ground than structures of two, three, or more storys. At the worst, the additional sum, be it £10,000 or £50,000, required to convert an hospital structure into an elaborated palace, would merely be in part required to purchase some additional ground. It would be expended in buying extent of site, instead of being expended upon architecture and extent of height in the buildings.

But are hospital villages and cottages—though "possible in America," as Mr. Coote allows—not possible in Europe, or even in London? In the grounds around many of the large hospitals in Germany, as I have already stated in these pages (see *Journal* for January 30) they have found them to be healthier—as at Frankfort, Leipsic, Dresden, etc. Twenty years ago I tried to point out that such hospitals might be made of iron,* as one material. In the grounds of a large London hospital, not much above a mile or two from the gates of St. Bartholomew's, Mr. Coote will find in use at present a cottage iron hospital—but, perhaps, not on the very best construction. On lately coming upon it unexpectedly, and inquiring for what cases it was specially employed, I was informed that it was used for ovariotomy, pyæmia, and other such dangerous operations and diseases. But if such cottage hospitals are deemed more safe for such great operations as ovariotomy, would they not be also more safe for amputations? And, if safer for amputations, would they not be safer for all surgical operations? And if safer for all surgical cases, would they not, on the same principle, be safer likewise for all medical cases?

——A memorandum found upon the person of the late Dr. Cruickshank, who was surgeon of Rajah Brooke of Sarawak, contains the following philosophic sentiment: "Some men are born vagabonds, some achieve vagabondage, and others have it thrust upon them. I may characterize myself as one of the last class."

* See *Edinburgh Monthly Journal of Medical Science* for 1848, p. 328.

Reviews and Book Notices.

NOTES ON BOOKS.

A carefully prepared paper by Dr. J. G. THOMAS, of Savannah, was read before the last meeting of the Georgia Medical Association, and has been published by that body. It is entitled The Importance of the Thermometer to the Physician in his Daily Practice. We shall take occasion to make some extracts from it.

Some months since we had occasion to call attention to a translation by Dr. JOHN WEIGHTMAN. He has lately made another, published likewise by Lindsay & Blackiston, of this city. It is the Treatment of Lachrymal Affections, by Prof. Arlt, and forms a pamphlet of thirty pages, with five illustrations. The author gives minute practical directions for introducing the lachrymal probe, which will be found of great service to opthalmologists and surgeons.

It is often of great interest to the physician to preserve his prescriptions, and a convenient mode of doing so is quite a desideratum to the profession. We have recently received a small blank book called a Perscription or Clinic Record, now in its sixth edition, from W. Wood & Co., 61 Walker street, which seems to answer the purpose quite well. The prescriptions are written twice, once for keeping, and once for the apothecary, and blanks are left to fill up with memoranda of pulse, respiration, temperature, etc. Price, 50 cents. We will send a copy to any one sending us a new subscriber.

A history of several cases of trichiniasis, occurring in his own practice, has been republished from the *Canada Medical Journal*, by Dr. W. E. BESSEY, of Montreal. The pamphlet has 20 pages, and is illustrated by two micro-photographs, which give an exceedingly clear idea of the appearance and habit of the creature.

We have received the Annual Report of the Ohio Penitentiary for the year 1868.

Fifty-fifth Annual Report of the Massachusetts General Hospital.

Address delivered before the Philadelphia County Medical Society, by George Hamilton, M. D.

The transactions of the Twentieth Annual Meeting of the Georgia Medical Association, held in Savannah, April, 1869, have been published in pamphlet form (pp. 52). They contain several interesting papers.

Now that we have such ready communication with California, the essay of our esteemed correspondent, Dr. T. M. LOGAN, of Sacramento, Cal., entitled "Medical History of the year 1868, in California," will be read with peculiar interest. It gives in a succinct and scientific form an excellent account of that great State from a physician's point of view It was published by order of the Sacramento Society for Medical improvement, and may be had of the author.

Dr. NATHAN ALLEN, of Lowell, Mass., has written an interesting essay on Physical Culture at Amherst College, an extract from which we will give elsewhere.

Here are several medical books included in recent English announcements:

Dr. R. B. CARTER "On the Use and Preservation of the Eyesight;" Dr. W. Marcet, "Notes on Diseases of the Larynx, investigated and treated with the assistance of the Laryngoscope;" Sir T. Watson's "Lectures on the Principles and Practice of Physic" (new edition); Dr. W. Odling's "Outlines of Chemistry; or Brief Notes of Chemical Facts" (this volume will be essentially descriptive in its character, and aim at calling to mind, in as few words as possible, the ascertained origins, properties, and metamorphoses of chemical substances; it will include a systematic account of the monad, diad, and triad non-metallic elements, and their principal combinations with each other; silicon and carbon with its series of methylic, formic, and cyanic compounds, and of the various metals arranged in natural groups, with their respective series of halides, oxides, oxisalts, etc.) Dr. J. Althaus's "Treatise on Medical Electricity, Theoretical and Practical, and its Use in the Treatment of Paralysis, Neuralgia and other Diseases" (new edition); Dr. J. Paget's "Lectures on Surgical Pathology" (new edition, revsied by the author and Prof. W. Turner.)

The Thermometer in Disease.

In a paper read before the Georgia Medical Association, Dr. J. G. THOMAS has the following remarks:

With every acute disease that I have made observations in, I find that where the temperature remains the same in the evening that it was in the morning it proves a good sign—but on the other hand, where it remains the same in the morning that it was in the evening previous, it is an indication that the patient is either getting or will get worse. In other words, where the temperature declines from morning to evening it is an indication of improvement—but rising from evening to morning it is ominous, and must admonish you that your patient is getting worse. In Pneumonia, where we see a marked fall in the temperature, we can be sure that the disease has marked a crisis, and improvement will begin—and this is the rule with regard to the majority of diseases; but with regard to Pneumonia, I have repeatedly seen it the case hours before I could have guessed at by other means. And I have repeatedly made a diagnosis of the same disease by the Thermometer long before the appearance of the crepitant rale made its appearance. In conclusion let me say that the subject has been but lightly touched—I have not gone into the results which can be observed by noticing the influence of remedies, which is of great value, but let let me again assure each one of you that for more than two years I have gained a more ready and reliable insight into my cases than by any other means at our disposal, and to those who have not given the subject their attention, that it will richly pay them in the same comfortable feeling if they pursue it with diligence.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 31, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE SECOND INTERNATIONAL CONGRESS.

The first session of the International Medical Congress, which our readers will remember took place at Paris two years ago, this summer, was of the nature of a disappointment to most of the foreign delegates. It seemed to be under the control of a "ring," who designed to use it for their own glorification, irrespective of the equality of claims which by its name was the right of all who attended it. The result of this littleness of spirit on the part of the French managers was that the good effects we hoped, from a world-wide interchange of thought on the highest topics of medical science, turned out null. Still, we are not discouraged, and sincerely hope that the second meeting will be actuated by a more liberal spirit, and less self-seeking.

This second meeting takes place on the 20th of September next, at Florence, Italy. The Executive Committee was nominated last February and consists of well-known Italian physicians. Professor DE RENZI, of Naples, is President and Prof. BRUGNOLI of Bologna is general Secretary. The honorary presidency of the Congress is offered to M. BOUILLAUD, of Paris, who was president of the last meeting, and did not seem very well qualified for the post. The present session will last two weeks, meetings being held daily except on Sundays. All memoirs designed for the Congress are to be sent to the general Secretary, printed either in Latin or French.

The questions which it is proposed to discuss are such as have a general or international interest. They are seven in number. The first is on swamp miasm, the conditions of its development, its effects on the human body, and the means by which it can be destroyed The second is the therapeutical value of the different methods of treating cancerous disease, locally and generally. The third is the treatment of gunshot wounds, with especial reference to those caused by the more modern varieties of fire-arms, and their relations to international laws. The fourth is the hygienic condition of hospitals and the value of medical attendance at the houses of applicants. The fifth is the influence of railroads on human health. The sixth question refers to the endemic and epidemic diseases of great cities, their causes, prevention, and the sanitary uses that might be made of adjoining rivers or water-basins. The seventh question discusses the rights and duties of physicians with reference to general legislation, and the ameliorations which may be suggested in the legal status of the profession.

It is rather late for these questions to be submitted, as it is simply impossible for American physicians to write, translate, print, and forward to Italy memoirs in time for the Congress. We hope, however, some of them will avail themselves of this opportunity to visit Florence and its charming surroundings, so that our country will be at least represented.

AN INSTRUCTIVE AND POPULAR BOOK.

The very considerable attention which has been given lately to the study of the physiology and pathology of woman, and of the mys-

teries of reproduction in the human subject, has resulted in the discovery of many facts of the most curious and useful character, which ought to be known to every woman, especially to every married woman and married man, and to all who have the care of children, either as parents or educators. Yet hitherto no attempt has been made to popularize these facts. The subject-matter requires such delicate handling, besides such a ripe acquaintance with gynecology and vital statistics, that it is most difficult to speak at once plainly and not coarsely, in popular language yet with scientific precision.

We are glad to announce that such a work *has* been written and is now nearly ready for publication. The author's name is not unfamiliar to medical readers in this country, and the work has been submitted to critics of sound literary judgment outside the profession, who pronounce it admirably adapted to family reading. We hope, in a few weeks, to speak more fully about it, convinced that the profession will welcome it as warmly, as no doubt the public also will.

STUDY VS. HEALTH.

It is a prevalent notion that many men, especially young men, hurt themselves by hard study. This is a pleasant popular error to circulate, perhaps, but it remains nothing but an error. It has lately been repeated in various quarters apropos of the death of Mr. RAYMOND, of the *Times*. Our friend, Dr. SNOW, of Providence, summons to disprove it some facts from the mortuary records of the State of Massachusetts. He remarks that we find in the report for 1867, that in twenty-five years nearly, the deaths of 3,566 professional men had been reported, with an average age of 50.5 years, and 9,856 merchants, financiers, agents, &c., with an average age of 48.5 years. These averages are greater than those of any other class except farmers and mechanics working in the open air. The average age of active mechanics in shops is 47.9 years; of inactive mechanics in shops, 43 years; of laborers, 46.8 years; of factors laboring abroad, 34.2 years; of persons employed on the ocean, 45.5 years; of females, 38.7 years; of farmers, 64.2 years; and of active mechanics working in the open air, 51.2 years.

There is nothing here that indicates that brain labor shortens life, and when we look at the individual professions, the proof is still more marked. Thus the average of those who died in some of the most important professions and occupations, was as follows:

	Years.		*Years.*
Bankers	54.7	Judges and Justices	66.4
Bank Officers	54.8	Lawyers	56.1
Merchants	53.0	Physicians	56.0
Booksellers	50.5	Professors	56.0
Clergymen	57.8	Public Officers	54.5

The average age of the whole number of persons who died in the twenty-five years, whose occupations were specified, was 50.5 years. It seems, then, that bankers, merchants, clergymen, judges, lawyers, physicians and professors live longer than the average of all classes of occupations, and very much longer than laborers or inactive mechanics working in shops. Neither the hurry and excitement of bankers and merchants, nor the severe mental labor of clergymen, judges and lawyers, seem to shorten their lives. In fact, it will be noticed that the three professions last named, whose occupation is wholly brain labor, and of the most severe description, are the very highest on the list of average ages.

THE USES OF ALCOHOL.

What we said about this in a recent number of the REPORTER has been thus touched upon by an esteemed correspondent:

EDITORS MED. AND SURG. REPORTER: In the last number of your journal you state "that at least eighty per cent. of the alcohol manufactured in this country is employed in the arts, and further, that even if it were desirable to banish it, the thing can't be done."

How is that? I remember that the Hon. Joseph Lewis, when serving as Commissioner of Internal Revenue, estimated the amount of alcohol employed in the arts as certainly not over four per cent. of the quantity annually made.

That its banishment, as a beverage is desirable, and "the thing can be done," *I have demonstrated in the pamphlet I send you*, and which I commend to your prayerful consideration. S. STEBBINS.

We have read with attention those portions of Dr. STEBBINS' pamphlet referred to, and are glad to see such an able defence of prohibition, though our own observation, in several of the New England States, is very far from impressing us so favorably with the results of prohibition as the author would have us believe. The question as to the percentage of alcohol used in the arts, is interesting and worth answering correctly. Our own authority was one of the heaviest distillers of "high wines" in Illinois, who spoke of his own sales. We shall be glad to have definite and impartial information on the matter. We do *not* attach much weight to Mr. Lewis's estimate.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 21.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Remedies employed as Tonics.

[Continued from Bulletin No. 2.]

184. ℞. Acidi nitrici diluti, ʒj.
Syrupi zingiberis, ʒss.
Aquæ, ʒvss. M.

Tablespoonful every four hours. Especially useful in erysipelas, when typhoid symptoms predominate.

Prof. John B. Biddle.

185. ℞. Quiniæ sulphatis, gr. ij.
Ferri sulphatis, gr. j.
Strychniæ, gr. 1-60. M.

For one pill, ter die. An excellent tonic combination frequently prescribed by our author.

J. M. Da Costa, M. D.

186. ℞. Ferri pyrophosphatis, ʒj.
Aquæ bullientis, ʒss. M.
And add,
Extracti gentianæ fluidi, ʒss.
Curacoa, ʒiss.
Vini, q. s. ad fiat, ʒiv. M.

Teaspoonful ter die. This preparation, known as elixir gentianæ ferratæ, is much used and highly esteemed in this city.

William Murray, M. D., M. R. C. P., Lond., etc.

Camphor has a soothing and tonic influence, especially upon the nerves of organic life. It may be taken internally or, in exhaustion of the solar plexus, with faintness at the epigastrium, used externally in the form of a camphorated poultice, or in a bag worn next the skin. Baths containing camphor have a beneficial influence over the nerves of the hypogastric plexus and relieve many of the symptoms depending on irritation of the womb. While soothing it also exhilarates, when well borne by the stomach, and often removes the horrible sense of want or faintness accompanied by fear, which is referred to the epigastrium.

Thomas Hawkes Tanner, M. D., F. L. S., Lond.

187. ℞. Quiniæ sulphatis, gr. ij.
Acidi muriatici diluti, ♏ x.
Tincturæ ferri chloridi, ♏ xv.
Infusi calumbæ, ʒss.

For one dose in water, ter die. This preparation is also recommended by Dr. Aitken, particularly in the treatment of diptheria.

Prof. T. Gaillard Thomas, New York.

188. ℞. Magnesiæ sulphatis, ℥ij,
Ferri sulphatis, gr. xvi.
Acidi sulphurici diluti, ʒj.
Aquæ, Oj. M.

Two tablespoonful in a tumbler of ice water every morning upon rising, when a ferruginous tonic combined with a saline is indicated. Or,

189. ℞. Potassæ et. sodæ tartratis, ℥ij.
Vini ferri amari, (U. S. D.) ʒij.
Acidi tartarici, ʒij.
Aquæ, ʒ x ij. M.

Two tablespoonful in a tumbler of ice water before breakfast. Should this dose be not sufficient two or three may be taken daily, for the result will prove tonic and reparative as well as cathartic.

190. ℞. One rennet, washed and chopped.
Vini rubri, Oj.

Mascerate for twelve days, and then decant, filter and add

Acidi nitro-muriatici diluti, ʒij.
Tincturæ nucis vomicæ, ʒij.
Bismuthi subnitratis, ℥ij. M.

One tablespoonful in a quarter of a tumbler of water before each meal as a digestive tonic. This prescription embraces the tonic properties of nux vomica and the peculiar restorative influence of bismuth, with a fluid which resembles the gastric juice. In many cases of habitual indigestion our author has obtained from it the best results.

191. ℞. Quiniæ sulphatis, ℈ij.
Ferri sulphatis, ℈j.
Acidi sulphurici aromaticæ, gtt. x.
Muc. acaciæ, q. s. M.
ft. massa. in pil. xx. div.

Or to be taken three times a day before each meal.

Northern Ohio Lunatic Asylum.

A correspondent of the Pittsburgh *Commercial* gives the following account of a visit to the above named institution:

When the cars reached Newburgh, the site of the Northern Ohio Lunatic Asylum, your correspondent and others concluded to alight and visit the institution. We were amply repaid for our trouble. We were cordially received by Rev. E. Curtis, the efficient Chaplain, who conducted us around the beautiful grounds, comprising sixty-five acres. Dr J. M. Lewis, the able Superintendent, accompanied us over the entire building. This is a magnificent stone edifice, six hundred feet long, including wings

The main building is one hundred and twenty-five feet wide and four stories high, the wings being but three stories.

Three hundred patients can be conveniently accommodated. The number now is two hundred and ninty-four. After the destruction of the Asylum at Columbus last fall, one hundred and fifteen of the worst patients were brought here. Before this about seven in ten of the inmates were convalescent, but since this chronic accession the proportion is but one in three.

This Institution was founded in 1855. It is now under the direction of the following Board of Trustees: W. C. Earl, President; W. H. Price, Secretary; S. H. Pitkin, Alexander Steele, M. D., John Hutchins, C. P. Lockwood. The officers are as follows: Superintendent, J. M. Lewis, M. D.; First Assistant, S. H. Steward, M. D.; Second Assistant, J. F. Hobson, M. D.: Steward, J. C. Sheets; Matron, Mrs. Julia Huntingdon; Chaplain, Rev. E. Curtis. Aiding these are between forty and fifty attendants.

The arrangements for the comfort and cure of the patients are complete. For tidiness and cleanliness no institution can surpass it. The annual expenses are $65,000.

Pfeiffer's Vitalmeter.

There is on exhibition in New York, a curious invention bearing the above name, and designed to give notice in cases of premature burial to persons in the neighborhood of the grave, or, in fact, at any distance from it. The apparatus, which is very simple in construction, consists of a brass tube, 2¼ inches in diameter, and of sufficient length to reach from the coffin to the surface of the ground. In the tube is a small brass rod terminating in a ball, which rests on the breast of the corpse. At the upper end of the tube are two electrical poles, positive and negative, connected by wires with an electro galvanic battery. The battery is connected to an alarm bell placed in the room of the person having charge of the cemetery. The slightest movement on the part of the person in the coffin moves the rod connected with the electrical poles, thus establishing a current between the battery and the alarm bell. The bell continues to ring until the current is broken. Fresh air sufficient to sustain life passes into the coffin through the tube, and the bad air passes off through the same medium. As soon as decomposition takes place the tube is withdrawn. Mr. Pfeiffer has remained over three hours under ground without experiencing any bad effects from it. There is no doubt but that it is admirably adapted for the purpose intended, and its universal adoption would no doubt prevent many deaths from premature burial.

Medical Education for Women.

A New York paper says: "Some years ago a number of lady medical students in this city forced their way into Bellevue College, and, for a time, attended lectures and operations there—very disagreeably. They might now learn something from the Edinburgh ladies who desire to become doctors. Finding their way to the University blocked, they have sent in an appeal praying for admission to the matriculation examinations, and offering to pay the medical Professors liberally to lecture to them separately." A better way for those ladies who *will* study medicine, is to resort to the woman's medical college of this city, where they will find all the facilities for acquiring a first class medical education.

New Color Test for Blood.

From some experiments made by Professor Bloxam of King's College, in a public lecture, says the London *Lancet*, it appears that the mixture of tincture of guaiacum and ozonized ether (that is to say, a solution of peroxide of hydrogen in ether) instantly produces with blood or blood-stains a beautiful blue tint. Professor Bloxam mentioned that he had extracted a single linen fibre in the case of a blood-stain twenty years old, and with an almost inappreciable amount of stain on it; and had found the characteristic blue color was immediately induced by the test, and readily detected by microscopical examination.

Correspondence.

DOMESTIC.

Physicians as Druggists.

NEW ORLEANS, July 17, 1869.

EDITORS MEDICAL AND SURGICAL REPORTER:

I am glad to observe that the amendment to the Code of Ethics proposed by me at the late meeting of the American Medical Association in this city, is receiving some attention. Discussion on the subject of mixing the business of the prescriber and dispenser is needed, and will be sure to elucidate the true bearing of the case; and I feel confident that your present unfavorable view of the amendment will be changed, provided you are willing to reconsider the question. It is evident that you are laboring under a misconception of the reasons and objects of this measure, and it may be that others fall into a like error; therefore, I crave your indulgence and some little space in your journal to offer an explanation.

The amendment is to apply only to "cities and towns where the services of competent apothecaries can conveniently be obtained." In the first place, it may be assumed that physicians engage in the dispensing business for about the same reason that

other people do—to make money—not because they love to handle and smell drugs, or intend to give them away, or sell them below the usual market rates. It is purely a matter of commerce, and has as little to do with benevolence and magnanimity as any other branch of trade. In point of fact, physicians in cities keep drug-stores simply because they cannot make a living in the legitimate practice of medicine, or because they are not satisfied with its own proper rewards.

It cannot be claimed that physicians are better qualified to dispense medicines than "competent apothecaries." In New Orleans practising physicians never put their own hands to dispensing their prescriptions; those who keep shops leaving this art entirely to their clerks, and engaging in it simply as a matter of trade and profit. I presume that this is the case in other cities also.

This amendment seeks to draw no invidious distinction in respectability between prescribers and dispensers; both are respectable, so far as they pursue their legitimate calling intelligently and honestly. In cities there is a propensity on the part of many individuals in both callings to trespass on the province of the other—the apothecary to prescribe over the counter, and the physician to keep a shop—because neither party is satisfied with the emoluments of his own proper business. Both, I think, are wrong—the one, because he is doing what he never was educated to do; the other, because he is sure to be demoralized by going beyond his proper sphere.

This last consideration brings me to what you characterize as "sufficiently vague," in the declaration that "physicians should not allow their pecuniary interests to compromise their duties to their patients." It is customary for our shop-keeping doctors to have a consultation office contiguous to the shop, and the whole establishment is styled an Infirmary or Dispensary. It is always expected that the prescription written by such a doctor will be taken to his shop, and some of them write their prescriptions in such language that they can be read no where else. Now, we pray not to be led into temptation; surely we should not run into it wilfully, with our eyes open. When a practitioner desires a profit on all the medicine prescribed by him, is it not clear that he is constantly tempted to prescribe more than the case actually requires? On this point I speak knowingly, having heard the complaints of people who have been to these establishments, about the quantities of medicine which they have had to pay for. Poor and simple people patronize them because they are not charged for the advice, and are not aware that the doctor is sure to reward his benevolence out of the profits on the physic. Is it not clear now, how one's duty to his patient may be compromised?

It may be said that this need not and ought not to be. Physicians are human, like other people; we do not dwell in Utopia, nor already realize the perfection of the millenium. I speak of things which actually exist under my own eyes, and which are the natural outgrowth of making a vile trade of the divine art of healing human maladies.

There is another piece of double-dealing covered by this amendment, which is derogatory to professional honor, equally compromising of professional duty, and deserving the reprobation of the highest medical authority in the land: I mean the private agreement so often entered into between apothecary and physician, by which the latter receives from the former a percentage on the price of medicines prescribed by him. It is not expected that any legislation can suppress such offences; but they are not the less to be condemned, on the same ground that we have statutes against the commission of sodomy and other unnatural crimes, with scarcely a possibility of obtaining conviction, however frequent offenses may be.

The plea that this provision would trench on personal liberty, already holds against our code of ethics, and against every code of laws ever enacted. The curtailing of personal liberty alone gives us security of life and property; its judicious exercise distinguishes civilization from barbarism; and any recognized curtailing at all marks the boundary between human intelligence and brute force.

You now see, Messrs. Editors, the abuses at which this amendment aims. It is not expected that all, especially the last, can be suppressed by it; and it is only asked that the Association express its condemnation of such practices. Many of those who fall under its reprobation do not hold allegiance to the Association, and others bear it lightly. Some would be deterred by the moral weight of the whole body, and the public would be the gainers; which is, after all, the chief consideration.

Very respectfully,

S. S. Herrick.

Practical Recipes.

Editors Med. and Surg. Reporter:

I send you the following recipes which I have found of great value:

To relieve a common felon ("Paronychia.")

℞.	Pot. Permanganat	℈ii.
	Aquæ	℥i.

Mix, and immerse the affected member in the solution for three minutes.

For Gonorrhoea:

℞.	Oil Cubebs,		
	Oil Copaiba	aa	℥iv.
	Chloroform,		℥ij.
	Creasot,		gtts v.
	Mucilage Acacia,		q.s. for ℥iv.

Dose—Teaspoonful every four hours.

I have used the above prescription with the happiest results in the acute stage of the disease. The creasote corrects the nausea consequent upon the use of the oil. The chloroform relives the *painful priapism.* In conjunction, inject strong decoction of common black tea. Injection, however, not to be employed until after the third or fourth day.

E. L. MASSIE, M. D.

Houston, Texas.

NEWS AND MISCELLANY.

——Dr. Magin, Professor of Ophthalmology in the University of Bologna, Italy, has gone to Lima, Peru, to operate on a merchant for a cataract. Besides the expenses of the journey for himself and his assistants, he is to be paid a fee of one hundred thousand francs, about twenty thousand dollars in gold.

—— THE CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—The Cincinnati College of Medicine and Surgery held its commencement. Dr. LILENTHAL, President of the Board of Trustees, delivered an address, and presented diplomas to the graduates.

Dr. C. F. BUCKNER delivered the valedictory, and the exercises closed with prayer by the Rev. W. T. MOORE. The graduates, the Faculty, and invited visitors, afterward repaired to Keppler's, and partook of a collation. There were seventeen graduates.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

CLAPHAM—CLAPHAM. July 12th, by the Rev. Samuel Carlisle, Edward Clapham, esq., M. D., L. R. C. S. C., Professor of Anatomy, etc., Medical College, Iowa State University, and Kate, only daughter of Glover Clapman, esq., of New York, deceased.

CROWELL—ATKINSON. July 27th, by the Rev. Samuel M. Haskins, D. D., Rector of St. Marks, John M. Crowell, of New York, and Frances I., daughter of William H. Atkinson, of New York City.

ELLIS—BYLES. In Burlington, N. J., July 14th, by Rev. William Allen Johnson, Rector of St. Mary's Church, Charles Ellis, M. D., and Miss Elizabeth A. Byles, both of Burlington.

KELLOG—SNOW. July 22, at the residence of the bride's parents, by the Rev. J. Hyatt Smith, of Brooklyn, Peter C. Kellog of the latter place, and Julia, daughter of Dr. R. G. Snow, of Buffalo.

MARSDEN—KELLY. July 12th, by the Rev. Alfred Louderback, Dr. George F. Marsden, and Miss Bessie Kelly, daughter of George Kelly, all of this city.

DIED.

DALTON. Suddenly, July 17th, Sarah Horton, daughter of the late Warren Colburn, and wife of Dr. Edward B. Dalton, of New York.

EARLE. Suddenly, July 19th, Dr. F. O. Earle, of Rye, N. Y.

LEGGET. July 20th, at Flushing, L. I., Francis P. Legget, eldest daughter of Dr. Charles P. and Ellen C. Legget, aged 15 years and 6 months.

MARTIN. July 17th, at Boston, of paralysis, Mrs. Lorena D. Martin, wife of Dr. Joseph Lloyd Martin, of Baltimore.

TAYLOR. At Middletown, Ohio, July 15th, Elizabeth, wife of Dr. J. W. Taylor, aged 50 years.

QUERIES AND REPLIES.

ARTIFICIAL ABORTION.—*Messrs. Editors.*—"In the July 3d No. of your valuable journal there is an article on the crime of infanticide in utero, committed by a professional abortionist and reported by Dr EDWIN M. SNOW, Superintendent of Health of the city of Providence, R. I. I would ask if it be a crime to destroy the fœtus in utero for vain and wicked purposes; is it allowable to a physician when called in to a difficult labor and he resorts to craniotimy, can he destroy the fœtus and be clear of censure? It is a question that many physicians would like to have answered. In works of Theology (Dens) the physician is prohibited from destroying the child, even to save the mother. The mother is rather to risk her own life by an operation than to endanger the life of the child. Will you give your opinion of this, to many physicians a great difficulty, and oblige

Yours truly,

T. J. KENNEDY.

Castalian Springs, Tenn.

ANS. A few years ago the question here proposed was brought before the Academy of Medicine of Brussels. The Members ruled it out as *inconvenant.* We do not. It is, in our opinion, perfectly proper to destroy the infant *in utero*, when it is clear that, unless this is done, the mother must perish. This, we know, is the usual view taken by physicians in this country and Europe. We have repeatedly heard it taught in the medical schools of Paris. Except on theoretical or theological grounds, it has no opposers.

Dr. T. M. B.—I have a case, the symptoms of which are as follows: The patient is frequently affected with small white ulcerated spots on the tongue and membrane of the mouth and lips, not many at once and after remaining a few days they disappear to return in a few days or weeks, they are generally accompanied with a yellowish white coat on the tongue, and sometimes with depression of sprits. If you can give me any information as to cause or treatment it will be thankfully received."

ANS.—Use chlorate of potash, saturated solution, as a wash. The same drug taking internally, would also be useful, in all probability. Perhaps, too, iron is needed, internally.

Dr. A. B. L., of Ind.—The best pharmaceutical journals are the American Journal of Pharmacy, the Detroit Review of Medicine and Pharmacy, the Druggists Circular, and the Journal of Applied Chemistry.

For information about the College of Pharmacy of this city, apply to Wm. Proctor, Jr., 500 S. 9th st., Phila. and about that at Detroit to Dr. Geo. P. Andrews, Detroit.

Dr. F. E. H., of O.—"What per cent. off published rates can you buy recent medical works, such as Flint's Practice, Thomas Disease of Women."

ANSWER.—In amounts over $50.00 we allow 5 per cent. but under that amount we cannot allow a discount.

Dr. S. P. K., of N. J.—We cannot suggest treatment in the case of Dyspepsia you mention, as it is impossible to do so without a more intimate knowledge of the case than you give us. We reccomend Budd on the Stomach, and Chamber's Indigestion for your perusal.

Dr. M. C., of Mass.—We have none of the copies to spare which contains Prof. Gross' address, but hope to have them soon and will then send them to you.

Dr. W. M. M., of Pa.—The yellow sulphite of arsenic is known as orpiment, and is easily obtained from druggists. Its use, however, must be limited, as it is a dangerous poison.

Dr. S. L. D., of O.—A good case of dissecting instruments about $10.00. They can be had, however, for $5.00 or $6.00.

Dr. S. L., of Ill.—The price of Smith's Treatise on Diseases of Children is $3.50.